

MEMORANDUM

TO: Human Resources Department

FROM: _____
(Employee's Name)

SUBJECT: Name/Address Change

DATE: _____

Please change the official record in the Payroll/Personnel System as indicated below:

Employee No: _____ Department/Division: _____

☐ Name Change* ☐ Address Change ☐ Name & Address Change*

* If you are submitting a name change, please attach a copy of the legal document,
your new drivers license and new social security card.

Please Print

Change From:

Change To:

(Previous Name)

(New Name)

(Previous Address)

(New Address)

(City, State & Zip Code)

(City, State & Zip Code)

(Area Code & Phone Number)

(Area Code & Phone Number)

Employee's Signature: _____

CC: Risk Management
Pension